



**National Association of
State Alcohol and Drug Abuse
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KEY NASADAD POLICY PRIORITIES FOR 2005

- Strengthen State Substance Abuse Systems and the Office of the Single State Authority (SSA)
- Expand Access to Prevention and Treatment Services
- Implement an Outcome and Performance Measurement Data System
- Ensure Clinically Appropriate Care
- Promote Effective Policies Related to Co-occurring Populations

FACT SHEET: METHAMPHETAMINE

What is Methamphetamine?

Methamphetamine (meth) is an addictive stimulant that can be smoked, injected, inhaled or swallowed. First introduced to the medical field in the 1930's as a decongestant, it was used in Japan during World War II to provide soldiers energy.

Methamphetamine abuse did not become pronounced in the U.S. until the 1960s. Currently, meth is often manufactured in makeshift laboratories using common household chemicals by extracting pseudoephedrine or ephedrine from cold medicine. Other ingredients can include anhydrous ammonia, lithium metal strips from batteries, and red phosphorus found in matches. Approximately \$80.00 spent at a pharmacy and hardware store can buy ingredients to make an ounce of meth worth \$1000. Meth is also made in Mexico and shipped across the border into the U.S.

Scope of the Methamphetamine Problem

According to the 2003 National Survey on Drug Use and Health, approximately 12.3 million Americans ages 12 and over have tried meth at least once in their lifetime. In more than three-quarters of Western States, methamphetamine treatment admissions are higher than cocaine or heroin admissions rates (AR, AZ, CA, HI, IA, MT, ND, NE, NV, OK, OR, SD, UT, WA, WY). The Drug Abuse Warning Network (DAWN) detected a steep rise in meth related visits to emergency rooms in certain parts of the country (with approximately 15,000 in 1995 compared to 39,000 in 2002) and noted that the problem has now reached the Eastern part of the U.S.

"[E]ven if we shut down every home-based lab and threw every dealer into jail, we'd still have a meth problem in this country. And it won't go away until we do a better job of preventing people from using meth in the first place and giving addicts the treatment they need to kick the habit for good."

Senator Tom Harkin, April 21, 2005
Senate Hearing on Methamphetamine Abuse

Vital Role of State Substance Abuse Directors

State substance abuse directors, also known as Single State Authorities (SSAs), have the front line responsibility for managing our nation's publicly funded prevention and treatment system. SSAs have a long history of providing effective and efficient services – including those related to methamphetamine – with the federal Substance Abuse Prevention and Treatment (SAPT) Block Grant serving as the foundation of these efforts. SSAs provide leadership to ensure the quality of care; improve client outcomes; increase accountability; and nurture new and exciting innovations.

People Can and Do Recover from Methamphetamine Addiction

Outcomes data provided by SSAs confirm that people can and do recover from meth addiction. Examples include:

- *Colorado's Alcohol and Drug Abuse Division* reported in FY 2003 that 80% of meth users were abstinent at discharge.
- *Iowa's Division of Behavioral Health and Professional Licensure* found, in a 2003 study, that 71.2% of meth users were abstinent 6 months after treatment.
- *Tennessee's Bureau of Alcohol and Drug Abuse* reported in a 2002-2003 study that over 65% meth clients were abstinent 6 months after discharge.
- *The Texas Department of State Health Services* examined outcomes data for publicly funded services from 2001-2004 and found that approximately 88% of meth clients were abstinent 60 days after discharge.
- *Utah's Division of Substance Abuse and Mental Health* reported that in State Fiscal Year 2004, 60.8% of meth clients were abstinent at discharge.

Addressing the Methamphetamine Problem

- Coordinate with Single State Authorities (SSAs) for Substance Abuse
- Expand Access to Treatment
- Strengthen Prevention Services and Infrastructure
- Enhance Tools to Share Knowledge and Best Practices
- Continue to Support Research

Coordinate with Single State Authorities for Substance Abuse

Addiction is a primary disease that impacts virtually every aspect of a person's life. A comprehensive strategy is needed to effectively address the needs of each person with addiction – including those addicted to meth. Federal methamphetamine initiatives should specifically involve SSAs given their long experience partnering with law enforcement, education, housing, employment, transportation, child welfare and other areas. This coordination will help connect people to treatment and other services (relapse prevention, job training and placement, childcare, and more) that have been proven to support long-term recovery.

Expand Access to Treatment

Of the 22 million Americans with substance use disorders in 2003, approximately 3 million persons received treatment – leaving an estimated 19 million Americans without the lifesaving services they need. Yet outcomes data tell us that clinically appropriate treatment provided by qualified and trained staff is effective in stopping methamphetamine use. In general, studies show that outcomes for meth users are comparable to cocaine or heroin users. Treatment also helps people get a job; remain out of jail; and contribute to society. Policies that increase access to treatment services are vital. One example is a strong commitment to the Substance Abuse Prevention and Treatment (SAPT) Block Grant – funding directed to every State and Territory that represents approximately 40% of prevention and treatment expenditures nationally for SSAs.

Strengthen Prevention Services and Infrastructure

An effective methamphetamine prevention strategy requires strong prevention infrastructure in each State. Building infrastructure is needed to provide the capacity and resources

for developing efficient and effective programs to prevent and reduce meth related problems. SAMHSA's Center for Substance Abuse Prevention (CSAP) has been partnering with SSAs to develop this vital infrastructure in a number of States through the State Prevention Framework State Incentive Grant (SPFSIG). Other vital federal prevention programs include the Department of Education's Safe and Drug Free Schools and Communities (SDFSC) State Grants program and programs out of the Department of Justice (DOJ).

Enhance Tools to Share Knowledge and Best Practices

SSAs believe that information sharing regarding best practices, cutting-edge research, practitioner training, curriculum development, and other issues is vital. SAMHSA's National Centers for the Application of Prevention Technologies (CAPTs) and Addiction Technology Transfer Centers (ATTCs) are designed to fulfill this role – to translate research to practice. A concerted federal effort should be made to bolster the ability of the 5 regional CAPTs and 16 regional ATTCs to assist States specifically with the problem of meth. Federal support is also needed to help convene regional meetings of SSAs and others to help improve information sharing about meth and stop the problem before it grows in certain areas of the United States.

Continue to Support Research

Our current understanding of meth and its impact on the brain can be traced to discoveries made possible in large part through federally supported research – including work performed by the National Institute on Drug Abuse (NIDA). NIDA-supported research has led to the development of treatment protocols – including, for example, the Matrix Model – that have been effective in treating meth addiction. In addition to specific interventions, more research is needed to examine specific State substance abuse prevention and treatment systems to help chart actions that will improve outcomes.



NASADAD's mission is to promote effective and efficient State substance abuse service systems.

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